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# FITZPATRICK, CELLA, HARPER & SCINTO

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MAR 1 8 2005

## FACSIMILE COVER SHEET

TO:	Examiner Thomas Duong Group Art Unit 2145
FROM:	Michael K. O'Neill
RE:	U.S. Application No. 09/661,030 Atty: Docket No.: 03630.000284
FAX NO.:	(703) 872-9306
DATE:	March 18, 2005 NO. OF PAGES: 43
тиме: 8	49 SENT BY: MAIN

MESSACE

Attached is an Amendment After Final Rejection responsive to the Office Action dated January 18, 2005.

Thereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

March 18, 2005

Owne of Albories for Applicant

abarc Date of Signature

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Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2145, Expedited Procedure

In re Application of:

Docket No. 03630.000284

MARTIN PAGE, et al.

Application No.: 09/661,030

Examiner: T. Duong

Filed: September 13, 2000

Group Art Unit: 2145

For: DIRECTORY-ENABLED DEVICE MANAGEMENT

Date: March 18, 2005

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	* 96	MINUS	** 104	= 0	x \$25 \$50	- 0 -	
INDEP. CLAIMS	* 8	MINUS	***	= 0	x \$100 \$200	- 0 -	
Fee for Multiple Dependent claims \$180°/\$360							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						- 0 -	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN TIUS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being facsimile transmitted to the  $U.S.\ Patent\ end\ Trademark\ Office\ on:$ 

March 18, 2005 (Date of Deposit)

O'Neill, Reg. No. 32.622

March 18, 2005

Page 1 of 2

	Verified Statement claiming small entity status is enclosed, if not filed previously.				
	A check in the amount of \$ is enclosed.				
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.				
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.				
	A check in the amount of \$ to cover the fee for a month extension is enclosed.				
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.				
X	Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.				
	Respectfully submitted,				
	Attorney for Applicants Michael K. O'Neill Registration No.: 32,622				

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2145 Expedited Procedure

03630.000284.

PATENT APPLICATION

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	application of:	)	
		;	Examiner: T. Duong
MARTIN PAGE, et al.			
		:	Group Art Unit: 2145
Application No.: 09/661,030 )			•
		:	
Filed:	September 13, 2000	)	
	•	:	
For:	DIRECTORY-ENABLED	)	
	DEVICE MANAGEMENT	:	March 18, 2005

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

### AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated January 18, 2005, please amend the above-identified application, as follows:

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

March 18, 2005 (Date of Deposit)

Michael K. O Neill, Reg. No. 32,622

Charch 18, 2005

Date of Signature

dy for Applicant)